ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1 Rev. 3/98

Insurer Name: United Services Automobile Association NAIC Number: 200-25941								ct Person:	Kathy Blair, CPCU	
								Signature:	- Kathy Blair	Digitally signed by Kathy State PM-CS - Kathy State, C-128, D-12
Name of Advisory Organization Whose Filing You are Referencing N/A								Telephone No:	800531-8722,	ext 82575
Co. Affiliation to Advisory Organization: Member Subscriber Service Purchaser							haser			
Referei	nce Filing #:			Propos	ed Effective Da	te: 02/01/2000	5			
						FOR LOSS COSTS ONLY				
	(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)
	(.	,		Indicated	Requested	()	Loss Cost	Selected	Expense	Co. Current
	LINE OF INSURANCE			% Rate	% Rate	Expected	Modification	Loss Cost	Constant	Loss Cost
	By Coverage			Level	Level	Loss Ratio	Factor	Multiplier	(If Applicable)	Multiplier
	Ву Со	verage	1		120.00	LOSS Katio	ractor	Withitiplier	(II Applicable)	Multiplier
				Change	Change		-			
	Dacidual Ro	dily Iniu	PSC	+24.8	-0.9					
Residual Bodily Injury Uninsured Motorists				+31.1	0.0					
	Medical I			+11.8	0.0					
	Property			2.3	-1.6					
	Comprehensive			-28.1	0.0					
	Collision			-9.4	-7.3					
	TOTAL OVER	ALL EF	FECT	2.2%	-2.6%					
5.0 -8.0	0% Estimate	ed Maxin	num Rate Inc	ture Filings? (Y rease for any Ar crease for any A	kansas Insured (esponds to Questi	on 3 on RF-2 or	RF-WC	
				5 Year History	1				Se	elected Provision
		Rate C	hange History							
		%	Eff. Date	AR Earned	Incurred	Arkansas	Countrywide	 A. Total Produ 	action Expense	
ear	Policy Count			Premium (000)			Loss Ratio	 B. General Ex 		
00	13,461	8.1	01/31/03	16,073	12,489	77.7%	N/A	C. Taxes, Lice		
01	13,639	-5.3	02/06/04	17,800	13,099	73.6%	N/A	 D. Underwriting 	_	
02	13,753	-5.3	10/31/04	19,460	12,224	62.8%	N/A	Contingenc	10 m	
0.3	13 855	0.3	07/03/05	21 505	11 480	53 494	N/A	E Other (evn)	ain)	

0.0

14,440

07/04/05

22,140

11,671

52.7%

N/A

F. TOTAL